

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

CASE MANAGEMENT SERVICES

12 VAC 30-50-480.

§8. Case Management for Foster Care Children.

- A. Target Group: Children or youth with behavioral disorders or emotional disturbances who are referred to treatment foster care by the Family Assessment and Planning Team of the Comprehensive Services Act for Youth and Families (CSA). 'Child' or 'youth' means any Medicaid eligible individual to 21 years of age who is otherwise eligible for CSA services. Family Assessment and Planning Teams (FAPT) are multidisciplinary teams of professionals established by each locality in accordance with §2.1-754 of the *Code of Virginia* to assess the needs of referred children. The FAPT shall develop individual services plans for youths and families who are reviewed by the team. The FAPT shall refer those children needing treatment foster care case management to a qualified participating case manager.
- B. Areas of State in which services will be provided.
- ☒ Entire State
- ☐ Only in the following geographic areas (authority of section 1915(g)(1) of the *Act* is invoked to provide services less than Statewide:
- C. Comparability of Services.
- ☐ Services are provided in accordance with section 1902(a)(10)(B) of the *Act*.
- ☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the *Act* is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the *Act*.
- D. Definition of Services. Case management shall assist individuals eligible for Medicaid in gaining and coordinating access to necessary care and services appropriate to the needs of a child. Case management services will coordinate services to minimize fragmentation of care, reduce barriers, and link children with appropriate services to ensure comprehensive, continuous access to needed medical, social, educational, and other services appropriate to the needs of the child. The treatment foster care case manager will provide:

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1. Periodic assessments to determine clients' needs for psychosocial, nutritional, medical, and educational services.
2. Service planning by developing individualized treatment and service plans to describe what services and resources are needed to meet the service needs of the client and help access those resources. Such service planning shall not include performing medical and psychiatric assessment but shall include referrals for such assessments. The case manager shall collaborate closely with the FAPT and other involved parties in preparation of all case plans.
3. Coordination and referral by assisting the client in arranging for appropriate services and ensuring continuity of care for a child in treatment foster care. The case manager shall link the child to services and supports specified in the individualized treatment and service plan. The case manager shall directly assist the child to locate or obtain needed services and resources. The case manager shall coordinate services and service planning with other agencies and providers involved with the child by arranging, as needed, medical, remedial, and dental services.
4. Follow-up and monitoring by assessing ongoing progress in each case and ensuring services are delivered. The case manager shall continually evaluate and review each child's plan of care. The case manager shall collaborate with the FAPT and other involved parties on reviews and coordination of services to youth and families.
5. Education and counseling by guiding the client and developing a supportive relationship that promotes the service plan.

- E. Provider Participation. Any public or private child placing agency licensed or certified by the Department of Social Services for treatment foster care may be a provider of treatment foster care case management.

Providers may bill Medicaid for case management for children in treatment foster care only when the services are provided by qualified treatment foster care case managers. The case manager must meet, at a minimum, the case worker qualifications found in the Minimum Standards for Child Placing Agencies Who Render Treatment Foster Care (22 VAC 40-130-

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10 through 22 VAC 40-130-550). In addition, the case manager must possess a combination of mental health work experience or relevant education which indicates that the individual possesses the following minimum knowledge, skills, and abilities. The following must be documented or observable in the application form or supporting documentation or in a job interview (with appropriate documentation).

1. Knowledge of:
 - a. The nature of serious mental illness and serious emotional disturbance in children and adolescents;
 - b. Treatment modalities and intervention techniques, such as behavior management, independent living skills training, supportive counseling, family education, crisis intervention, discharge planning and service coordination;
 - c. Different types of assessments, including behavioral and functional assessments, and their uses in service planning;
 - d. Childrens' rights;
 - e. Local community resources and service delivery systems, including support services (e.g. housing, financial, social welfare, dental, educational, transportation, communication, recreational, vocational, legal/advocacy), eligibility criteria and intake processes, termination criteria and procedures, and generic community resources (e.g. churches, clubs, self-help groups);
 - f. Types of mental health treatment services.
2. Skills in:
 - a. Interviewing;
 - b. Negotiating with children and service providers;
 - c. Observing, recording, and reporting behaviors;
 - d. Identifying and documenting a child's needs for resources, services, and other assistance;
 - e. Identifying services within the established service system to meet the child's

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needs;

- f. Coordinating the provision of services by diverse public and private providers;
 - g. Using information from assessments, evaluations, observations, and interviews to develop service plans;
 - h. Formulating, writing and implementing individualized case management plans to promote goal attainment for individuals with behavioral disorders or emotional disturbances. This individualized case management plan is performed by the foster care case manager to guide his work in monitoring and linking the child to the services identified in the child's individualized service plan;
 - i. Using assessment tools designated by the state;
 - j. Identifying community resources and organizations and coordinating resources and activities.
3. Abilities to:
- a. Demonstrate a positive regard for children and their families (e.g. treating children as individuals, allowing risk taking, avoiding stereotypes of people in treatment foster care, respecting childrens' and families' privacy, believing children can grow);
 - b. Persist in applying service plan objectives towards goal attainment and remain objective;
 - c. Work as team member, maintaining effective inter- and intra-agency working relationships;
 - d. Work independently, performing position duties under general supervision;
 - e. Communicate effectively, verbally and in writing, and;
 - f. Establish and maintain ongoing supportive relationships.

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- F. Freedom of Choice. Section 1915(g)(1) of the *Act* specifies that there shall be no restriction on free choice of qualified providers, in violation of §1902(a)(23) of the *Act*. Assure that there will be no restriction on a recipient's free choice of qualified providers of case management services. In addition, assure that case management services will not restrict an individual's free choice of providers of other Medicaid services.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
 3. Eligible recipients will be free to refuse case management services.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose. The case management services will be funded from Medicaid service funds, not administrative. This case management service shall not be construed as case management under EPSDT.

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